

## ISSUE SLIP STAPLE AREA (for additional cross references)

96737-1507

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	N	N	
2	N	N	
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8	N	N	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
13	✓	✓	
14	✓	✓	
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37		✓	
38		✓	
39		✓	
40		✓	
41		✓	
42		✓	
43		✓	
44		✓	
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Claim	Final	Original	Date
51	✓		
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here